

TNE In Liquidation

March, 2000

TNE Proof of Claim Q&A

1. What is the Proof of Claim Process?

The New Hampshire Insurers Rehabilitation and Liquidation statute governs the Proof of Claim process. It provides a method for determining payments to creditors in the event of an HMO's liquidation. The New Hampshire Insurance Commissioner is the court appointed Liquidator of TNE and is conducting the Proof of Claim process.

The Liquidator will review the Proof of Claim filings and determine the extent to which claims can be paid from the assets of TNE.

2. Where should I mail my Proof of Claim forms?

Proof of Claim forms should be mailed to: Proof of Claim Form
Tufts Health Plan of New England, Inc.
PO Box 549237
Waltham, MA 02454-9237

3. Who should file a Proof of Claim? Do I need to file a Proof of Claim?

Any provider, member, employer, broker, or vendor who did business with TNE, and believes that TNE owes them money should file a proof of claim. Filing a Proof of Claim is the only way you preserve your right to payment against TNE.

4. When should a Proof of Claim be filed?

A Proof of Claim form, together with documentation in support of your claim, must be filed with TNE by July 10, 2000. Claims filed after July 10th may be completely barred.

5. If I get my Proof of Claim submitted early, do I have a better chance of being paid? Is it first come first serve?

No. After all claims have been submitted and reviewed, the Liquidator will be able to determine the extent to which the claims can be paid from TNE assets. Proof of claims submitted earlier will not necessarily be paid first.

6. When will I be paid?

After all claims have been submitted and reviewed, the Liquidator will make a determination about the payment of each claim. Medical claims incurred by contracted providers for rendering medically necessary covered service to TNE members between December 20, 1999 and February 2, 2000 are considered first priority claims and will continued to be paid before other Proof of Claims are processed.

7. Will I receive full payment?

The Liquidator in accordance with the following conditions will determine the amount of payment you will receive:

- timely submission of your proof of claim
- the accuracy of your claim
- the type of claim (Medical claims incurred by contracted providers for rendering medically necessary covered services to TNE members between December 20, 1999 through February 2, 2000 will be given first priority.)
- the remaining TNE assets

Fifty dollars will be subtracted from the allowed amount of your claim, in accordance with New Hampshire law.

8. Can you check your system to see if I have a claim against TNE?

I am unable to determine whether or not you have a valid claim against TNE. If you feel TNE owes you money, you may have a valid claim. Complete the Proof of Claim form and provide any supporting documentation you feel is relevant to your claim. Your claim will be reviewed. You will receive notification via the mail.

9. I am a provider; do I need to submit a Proof of Claim for each individual service that I provided?

No. You can submit one Proof of Claim form for the total amount that you are owed but you must attach the necessary supporting documentation for each claim.

10. The Proof of Claim instructions says that I should attach documentation. What types of documentation should I send?

Claimant	Type of Claim	Supporting Documentation
Member	1. Medical claim reimbursement	<ul style="list-style-type: none"> • Proof of services – itemized bill • Proof of payment – copy of cancelled check or receipt from provider
	2. Premium reimbursement	<hr/> <ul style="list-style-type: none"> • Copy of relevant bill statement(s) • Proof of payment – copy of cancelled check, copy of bank statement showing automatic withdrawal or receipt from TNE
Medical Provider	1. Unpaid claims	<ul style="list-style-type: none"> • Detailed listing of receivables including the following for each claim: <ul style="list-style-type: none"> • Member name • Patient name • Date of service • Dollar amount of service • If there is no record of TNE having received a claim for a particular medical service, send the actual claim to: <p>HMO Tufts Health Plan PO Box 9163 Watertown, MA 02471-9163</p> <p>POS Tufts Health Plan PO Box 9171 Watertown, MA 02471-9171</p> <p>Secure Horizons, Tufts Health Plan for Seniors PO Box 9107 Waltham, MA 02454-9107</p> <p>PPO Tufts Health Plan PO Box 557 Rockland, MA 02370-557</p>
	2. Unpaid settlements from risk-based contractual arrangements	<hr/> <ul style="list-style-type: none"> • Copy of the contract • Copy of settlement reports received from TNE with indication of any unpaid amounts
Employer Groups	1. Premium reimbursements	<ul style="list-style-type: none"> • Copies of all relevant billing statements • Proof of payment – copy of cancelled checks or TNE receipt • Explanation of why premium reimbursement is due (e.g. if replacement coverage obtained for period for which premium was paid, provide proof of effective date of replacement plan)
Agents/Brokers	1. Commissions or other Compensation	<ul style="list-style-type: none"> • Copies of unpaid commission statements • Copies of relevant contracts
State or Governmental Agencies	1. Premium reimbursements, fines unpaid taxes, license fees, etc.	<ul style="list-style-type: none"> • Copies of all relevant billing invoices • Copies of all relevant notices of charges/fine

General Creditors	1. Unpaid invoices	<ul style="list-style-type: none"> Unpaid itemized invoices including: <ol style="list-style-type: none"> 1. Description of goods/services 2. Dates of service or deliver 3. Itemized dollar amounts 4. Place of service or delivery 5. Proof of delivery if available
All Others	1. All other	<ul style="list-style-type: none"> ALL documentation viewed as relevant to the nature of the claim should be submitted

11. Should I submit (provider) claims to TNE as usual?

Continue to submit claims for services provided through February 2, 2000. Review your most recent statement of account (SOA) to determine if TNE has received your previously submitted claims. You do not need to resubmit itemized billing forms for previously submitted claims.

12. Should I resubmit pended or denied claims to TNE?

No. You do not need to resubmit standardized bills if you have previously billed for those services and your report reflects receipt of that claim submission.

13. Should I use the normal appeals process?

Yes, at this time, the appeals process has not changed.

14. Where do I get Proof of Claim forms?

I can mail a form to you or you can download Proof of Claim forms from the following Websites:

New Hampshire Insurance Department

www.state.nh.us/insurance

Maine Bureau of Insurance

www.maineinsurance.org

15. Can I photocopy my Proof of Claim form?

Yes, photocopies are acceptable.

16. Will all claims receive the same priority and likelihood of being paid?

No. Claims are classified by the Liquidator and prioritized for payment. Medical claims incurred by contracted providers for rendering medically necessary covered services to TNE members between December 20, 1999 through February 2, 2000 will receive first priority, as will claims for administrative services. Other claims will receive lower priority of payment. Policy related claims, which include all other claims for medical services, are assigned to Class 2.

17. Who is deciding what and when claims will be paid?

The New Hampshire Insurance Commissioner is the court-appointed Liquidator of TNE and is responsible for adjudication and payment of claims. Actual payment will be determined once all claims have been received and collected. At that point the Liquidator will compare the allowable claim amounts against the available assets and submit a payment proposal to the Superior Court of Merrimack County. That proposal will need to be approved before any payments for Class 2 and other classes can occur. You will be advised on the Commissioner's plan to make payments when it is presented to the Court for approval. The earliest the plan would be submitted to the court is in the fall of 2000.

18. From members – My doctor billed me for services. Do I need to file a proof of claim for that bill?

You cannot submit a Proof of Claim form on an unpaid bill. All TNE contracted providers are prohibited from billing for covered services rendered (as long as the premium had been paid), except

for the amount of the copayment, coinsurance or deductible specified in your benefit document. Any such action would be in direct conflict with prevailing state regulations protecting members of health maintenance organizations. Your doctor is prohibited from billing you regardless of whether the services were rendered prior to or subsequent to the Order of Liquidation. If your doctor has not yet been paid for these services, he/she can submit the claim through the Proof of Claim process and will be receiving more information about that process later in March.